



3641/18

PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/155,241
	Filing Date	September 22, 1998
	First Named Inventor	Andre Jouanneau
	Art Unit	3641
	Examiner Name	Behrend
Total Number of Pages in This Submission	Attorney Docket Number	7414.110

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Power of Attorney
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
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GROUP 3600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	David S. Taylor
Signature	
Date	April 26, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name			
Signature		Date	

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FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

		Complete if Known	
		Application Number	09/155,241
		Filing Date	September 22, 1998
		First Named Inventor	Jouanneau
		Examiner Name	Behrend
		Group Art Unit	3641
Total amount of payment	\$979.00	Attorney Docket Number	7414.110

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 50-0548 Deposit Account Name Liniak, Berenato & White <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other*					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	750	201	385	Utility filing fee	
106	330	206	165	Design filing fee	
107	520	207	260	Plant filing fee	
108	750	208	375	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)					
2. EXTRA CLAIM FEES					
Total Claims		-20*	36	9.00	324.00
Independent Claims		-3*			
Multiple Dependent					
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	43	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
108	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)				324.00	
** or number previously paid, if greater; For Reissues, see above					
		4. OTHER FEES			
		Other fee (specify):			
		Other fee (specify):			
		Other fee (specify):			
		SUBTOTAL (3)			
		\$655.00			

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Submitted By		Complete (if applicable)	
Name (Print/Type)	David S. Taylor	Registration No.:	39,045
Signature:		Telephone	(301) 896-0600
		Date:	April 26, 2004

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